

Sales Rep #:

Customer # : \_\_\_\_\_

Approved Terms: \_\_\_\_\_

FOR OFFICE USE ONLY



Fax Completed Application to:

(201) 842-8891

or email to:

andreaision@aol.com

20 Broad Street • Carlstadt, NJ 07072

CORPORATE NAME: \_\_\_\_\_ D/B/A: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ONLY IF DIFFERENT THAN BILLING

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

YEARS IN BUSINESS IN THIS LOCATION: \_\_\_\_\_ FAX: \_\_\_\_\_

TYPE OF OWNERSHIP: ( ) CORPORATION ( ) PARTNERSHIP ( ) INDIVIDUAL ( ) LLC

TAX ID #: \_\_\_\_\_ TAX EXEMPT#: \_\_\_\_\_ LIQUOR LICENSE #: \_\_\_\_\_

**\*APPLICATIONS WILL NOT BE REVIEWED UNLESS A STATE RESALE CERTIFICATE OR STATE SALES TAX EXEMPT CERTIFICATE IS SUBMITTED.**

**PRINCIPAL OWNERS**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_

CELL #: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_

OTHER BUSINESSES OWNED \_\_\_\_\_

ANTICIPATED MONTHLY PURCHASES \_\_\_\_\_ REQUESTED TERMS \_\_\_\_\_

APPLICATION FOR CREDIT IS HEREBY MADE AND THE FOLLOWING REFERENCES GIVEN. IT IS UNDERSTOOD THIS INFORMATION WILL BE HELD IN THE STRICTEST OF CONFIDENCE AND USED ONLY BY OUR CREDIT DEPARTMENT.

**BANK INFORMATION – (MUST attach a photo copy of voided check).**

CHECK ACCOUNT NO. (1) \_\_\_\_\_ (2) \_\_\_\_\_

BANK NAME: (1) \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

**TRADE REFERENCES – CURRENT FOOD INDUSTRY DISTRIBUTORS**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CONTACT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

**CONDITIONS OF SALE**

A monthly charge of 1 1/2% (18% per year) will be applied to all invoices over 30 days old. The purchaser agrees to pay all costs of collection including a reasonable attorney's fee in the event invoices are placed with an attorney for collection whether a suit is brought or not. Purchaser shall pay seller bank fee for all returned checks by bank. Purchaser herein consents to the entry of Confession of Judgment on failure to make payment within reasonable terms as defined by Ace Endico. The perishable agricultural commodities listed on this invoice are sold subject to the statutory trust authorized by section 5(c) of the perishable agricultural act. 1930 (7 U.S.C. 499e(c)). The seller of these commodities retains a trust claim over these commodities. All inventories of food and other products delivered from commodities and any receivables or proceeds from the sale of these commodities until full payment is received. To secure the full and timely payment by Applicant to Seller of all existing and hereafter arising amounts due Seller, applicant hereby grants to Seller a priority (purchase money) security interest and lien in and to all goods, inventory, equipment and fixtures sold to Applicant to Seller from time to time, and separate security interest in all other assets of Applicant, including. Without limitation, all of Applicant's now existing or owned hereafter arising or acquired accounts;(b) good for sale, lease or other disposition which have given rise to Accounts and have been returned to or repossessed or stopped in transit by Applicant, and (c) goods, including, without limitation, inventory, equipment, fixtures and vehicles. Applicant hereby authorizes Seller to file and perfect any and all statutory lien rights and any rights under indemnity or performance bonds at any time regardless of whether payment is due to Seller under Seller's payment terms with Application. Applicant hereby authorizes Seller to prepare and file any Uniform Commercial Code ("UCC") financing statements, amendments to UCC financing statements and any other filings or recordings in all jurisdictions where Seller determines appropriate without Applicant's signature, and authorizes Seller to describe the collateral in such financing statements in any manner as Seller determines appropriate.

**WE UNDERSTAND THE ABOVE TERMS AND AGREE TO ABIDE BY THEM.**

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_  
CORPORATE OFFICER/PARTNER/OWNER

DATE: \_\_\_\_\_

The undersigned request Suzy Sirloin Inc. and any of its subsidiaries (herein "Suzy Sirloin Inc.") to sell and service the customer as stated in the application on the reverse side hereof, and further certify that the statements made on the customer application are true, correct, and complete in all material aspects; and customer and the undersigned authorize Suzy Sirloin Inc. to investigate all references furnished pertaining to credit, including obtaining credit reports on the customer and the undersigned from outside credit agencies.

In the event that there is a delinquency in payment, the undersigned agree that a service charge of 1.5% per month will be imposed on the balance due, and in the event of a default in payment, that the customer will pay to Suzy Sirloin Inc. all collection costs and an attorney's fee of one-third of the amount due. The customer and the undersigned consent to jurisdiction on the New York Supreme Court regarding and claim arising hereunder.

The undersigned personally guarantee payment in full of all indebtedness of the customer of Suzy Sirloin Inc. now existing or hereinafter incurred including any and all services charges; collection costs and attorney's fees incurred as specified above, and waive any presentment, demand, protest, and any other notice from Suzy Sirloin Inc. regarding this guarantee of payment. This guarantee will cover all sales whether or not the terms requested are COD. The use of corporate titles shall not limit the personal liability of the signatory.

GUARANTOR: \_\_\_\_\_ X \_\_\_\_\_  
PRINT NAME SIGNATURE DATE

WITNESS: \_\_\_\_\_ X \_\_\_\_\_  
PRINT NAME SIGNATURE DATE

**VITAL SHIPPING INFORMATION**

CROSS STREET: \_\_\_\_\_

**DELIVERY TIME WINDOWS: Time windows must be at least but not limited to 3 hours**

AM TIME WINDOW: \_\_\_\_\_ PM TIME WINDOW: \_\_\_\_\_  
BEGIN END BEGIN END

PREFERRED TIME WINDOW CHECK ONE: ( ) AM WINDOW ( ) PM WINDOW

Business Hours Open: \_\_\_\_\_ Business Hours Close: \_\_\_\_\_

**ACCOUNT DELIVERY TYPE:**

( ) DOCK ( ) STREET LEVEL ( ) UPSTAIRS ( ) DOWNSTAIRS ( ) ELEVATOR

SALES CONTACT: \_\_\_\_\_  
NAME PHONE #

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_  
NAME PHONE #

ACCOUNTS PAYABLE EMAIL: \_\_\_\_\_

Do you prefer a paper or electronic statements? Please check one. ( ) PAPER ( ) ELECTRONIC